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(Requestor's Name)						
(Address)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(,,,						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

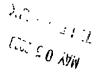
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Meghan Groom meghan.groom@cscglobal.com

Date: April 20, 2020

Order#: 266428/035

Re: ROUND TWO VINTAGE MIAMI, LLC

Enclosed please find:

XX \_\_\_ Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Meghan Groom c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida

1.	Na	me of the limited liability company: ROUND TWO VII	NTAGE	MIAMI, LLC			
,	(a)	668 COLLINS AVENUE	(b)	13261 M	OORPARK STREE	T, SUITE 105	
_,	()	Principal office address of limited liability company:	_ ( ,	Mailing address of limited liability company:			
		(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)			
			_	C/O IRVIN & SHELLEY, CPAS			
		MIAMI BEACH, FL 33139	-	SHERMAN OAKS, CA 91423			
		10/23/2018	_	L18000247	506		
3.		Date of filing/registration in Florida	4.	D	Document number		
5.	(a)	VCORP SERVICES, LLC					
	( )	Registered Agent and Registered Office shown on the records of the	Florida Dept. of State:				
		5011 SOUTH STATE ROAD 7, SUTIE 106					
		Registered Office Address (MUST BE FLORIDA STREET AL					
	(b)	DAVIE , FL_	33314				
		o) Corporation Service Company					
	` '	Enter name of NEW Registered Agent and/or NEW Registered Office address:					
		1201 Hays Street					
		NEW Registered Office Address:					
				<del></del>			
		Tallahassee, FL_	32301				
th ag w.	e cha gent v as/wo	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liab	he regist pility con the limi	tered office a mpany, it is I ted liability	and the business off hereby confirmed the company or as othe	ice of the registered at the change(s)	
/S/ Frank Seddigh			Fran	Frank Seddigh, Authorized Person			
Signature of a member or authorized representative of a member					Printed or typed name of	_	
pr th to no	ovisi e obl mer oviji	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address. I he is in writing of this change.	erforma for in C ereby co	nce of my di hapter 605, nfirm that th	ities, and I am fami. F.S. Or, if this doci we limited liability co	liar with and accept ument is being filed ompany has been	
S	ignatu	re of Registered Agent Corporation Service Company	BY: Gr	ace E. Kirb	y, Asst. Vice Pres	ident	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00